

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390093	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/11/2023
NAME OF PROVIDER OR SUPPLIER: CLARION HOSPITAL STATE LICENSE NUMBER: 297801		STREET ADDRESS, CITY, STATE, ZIP CODE: ONE HOSPITAL DRIVE CLARION, PA 16214			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	INITIAL COMMENT	P 0000			
	This report is the result of an occupancy closure survey conducted on April 24, 2023, at Clarion Hospital's outpatient location, Semeyn Family Practice, located at 82 Town Run Road Fairmount City, PA 16224, which included the closure of imaging services effective January 30, 2023, with x-ray equipment removal completed February 21, 2023. Based on the occupancy survey, it was determined the facility was not in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998 and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities.				
P 0005		P 0005			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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P 0005	Continued from page 1 51.3 (c) NOTIFICATION 51.3 Notification (c) A health care facility shall provide similar notice at least 60 days prior to the effective date it intends to cease providing an existing health care service or reduce its licensed bed complement. This REGULATION is not met as evidenced by:	P 0005	- The Patient Safety Officer will be responsible for implementing the Plan of Correction. - All service lines will be reviewed. Any, of the reviewed service lines, that have ceased providing an existing health care service will be reviewed for Department of Health notification. Department of Health will be immediately notified for any service line found to be non-compliant. - Department of Health will be notified, by Director of Patient Safety and Quality, at least 60 days prior to the effective date it intends to cease providing any existing health service or reduce its licensed beds. - Managers will be educated to notify Director of Patient Safety and Quality of any service lines that it intends to cease providing or reducing its licensed beds. This notification must happen to allow for Department of Health Notification, at least 60 days prior to cease date. - Quarterly review of all changes to current beds and service lines at the	Completion Date: 08/28/2023 Status: APPROVED Date: 07/18/2023	

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P 0005	Continued from page 2	P 0005	Quality Committee. Compliance will be demonstrated with Quarterly updates x 1 year, reflected in the Quality Committee meeting minutes and/or notifications to the Department of Health regarding changes. - This will become a standing agenda item for all Department Head meetings, beginning in August, 2023. This will prevent reoccurrence and provide ongoing education for managers as evidence by meeting minutes		

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P 0005	<p>Continued from page 3</p> <p>Based on review of facility documentation and employee interviews (EMP), it was determined the facility failed to provide at least 60 days notice to the Department (DAAC), indicating it had ceased to provide imaging services at the outpatient location Semeyn Family Practice located at 82 Town Road Fairmount City, PA 16224.</p> <p>Findings Include:</p> <p>Review of facility notification dated January 31, 2023, revealed "... Please be advised that the Clarion New Bethlehem site (imaging services) will be closed effective January 30, 2023..."</p> <p>Correspondence with EMP1, at approximately 1:51 PM on April 25, 2023, confirmed the facility had not provided the required 60-day notification to the Department.</p>	P 0005			



Certified End Page

CLARION HOSPITAL

STATE LICENSE NUMBER: 297801

SURVEY EXIT DATE: 05/11/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY